]Fa	iled 🗌	Closed IHH	State of Maine I	lea	lth	ı Ir	ısı	pectio	n Report	t	_	Pag	e 1 of 4	ŀ	
					Critic	al Vid	olatio	ns				1	Date		17/20	
					Non-Critical Violations Certified Food Protection Manager				3 N	Time In Time Ou		30 AI 45 AI				
				Address	001111	Cit		100	COLIOII Marie	agei	Zip Code	IN	Telepho		IJ A	VI.
License Expiry Date/EST. ID# Address 2/4/2020 / 20613 31 ALFRED PLOURDE PKWY							_				04240		I .	7-4022		
License Type Owner Name							Purpose of Inspection License Posted					Risk	Category	,		
MUN - EATING PLACE LULUS FOOD SERVICE LLC							Regular Yes Medium					dium				
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC I										ALTH INTER	VENTIONS	;				
	c	Circle design	nated compliance status	(IN, OUT, N/O, N/A) for each number	ered it	em			Ma	ark"X" in appropi	riate box for C	OS an	d/or R			
	IN:	=in complian	ice OUT=not in complia	nce N/O=not observed N/A=r	ot app	licab	le		COS=	corrected on-site	during inspecti	ion	R=repe	at violatio	n	
Co	mpl	iance Statu	S		cos	R		Con	npliance Sta	atus					cos	R
			PIC present, demonstra	upervision			16		Poter IN	ntially Hazardous					T	
1		OUT	performs duties	ates knowledge, and			17		IN	Proper cooking Proper reheating				<u></u>	1	H
				oyee Health			18		IN	Proper cooling				3		
3		IN IN	Management awarenes Proper use of reporting	s; policy present g, restriction & exclusion	+	H	19		IN	Proper hot hold	ding tempera	tures				
Ť		114		jenic Practices			20		IN	Proper cold ho					-	
<u>4</u>		IN		drinking, or tobacco use	_	Ш	21 22		OUT	Proper date ma				& record		Х
٦		IN	No discharge from eyes Preventing Conta	s, nose, and mouth mination by Hands				IN Time as a public health control: procedures & record Consumer Advisory								
6		IN	Hands clean & properly		Т	П	Consumer advisory provided for raw or									
7		IN	No bare hand contact v	vith RTE foods or approved			23		IN	undercooked fo						
	_		alternate method prope		-	Н				Highly Susce			161	-4		
8		IN		g facilities supplied & accessible		Ц	24		IN	Pasteurized for offered	oas usea; pro	nibited	a tooas n	ot		
9		IN	Food obtained from app	red Source	Т	П					Chemical					
10		IN	Food received at prope		+	H	25		IN	Food additives	: approved &	prope	rly used			
11		IN	Food in good condition	·	\top	Ħ	26		IN	Toxic substance	es properly i	dentifi	ed, store	d & used		L
12		IN	Required records avail	able: shellstock tags			Н		C	onformance with						
	L		parasite destruction			Ц	27		IN	Compliance wi	th variance, s	pecial	ized prod	ess,		
13	_	IN		om Contamination	$\overline{}$	\blacksquare	ᆛ			Tarintoon plan						L
14	\vdash	IN	Food separated & prote Food-contact surfaces:		+	Н			k Factors	are improper prac	•					
15		IN		eturned, previously served,		П		•		ibuting factors of f						
Ĺ	<u> </u>		reconditioned, & unsafe								o to provent to	7002011		o		
			Cood Potail Prostings are	GOOD I				_		and physical chic	esta into foodo					
	113	VII ! !£		preventative measures to control the									D			
IVI	ark "	X" IN DOX IT N	umbered item is not in com	pliance Mark "X" in appropriate		_	JS an	ia/or	R COS	S=corrected on-site	e during inspec	tion	H=repea	t violation	cos	_
			Safe Food and	Water	cos	l"				D	£114:1-				1003	h
28	INI	Pastouriza	ed eggs used where requ		_		41	IN	In uso utor	nsils: properly sto	se of Utensils					
29			e from approved source		+	H	42	-		quipment, & line		tored.	dried. &	handled	+	
30	-		btained for specialized p		1		43	IN		& single-service						
			Food Temperature (Control			44	IN	Gloves use	ed properly						
31	IN		oling methods used; ade	quate equipment for						Utensils, Equip					_	
32	Ш	temperatu		h a lalin a	+	\vdash	45	IN		n-food contact su esigned, constru						
33	IN IN		properly cooked for hot thawing methods used	holding	+	Н	46	IN		ing facilities: inst	-		R usad: to	et etrine	+	
34	-		eters provided and accur	rate	+	Н	_	IN		contact surfaces		iiieu, c	x useu, te	sat atripa	+	
		***************************************	Food Identificati								al Facilities					
35	Х	Food prop	erly labeled; original con	tainer		\Box	48	IN	Hot & cold	water available;		essure				
			Prevention of Food Cont	tamination			49	IN	Plumbing i	nstalled; proper	backflow dev	ices				
36			dents, & animals not pro		\bot	Ш	50	IN		waste water pro					\perp	
37	IN			ood preparation, storage & display	+	\vdash	51	IN		ities: properly co		-			+	H
38 IN Personal cleanliness 52 IN Garbage & refuse properly disposed; facilities maintained 39 IN Wiping cloths: properly used & stored 53 IN Physical facilities installed, maintained, & clean							ea	+	H							
40 IN Washing fruits & vegetables 54 X Adequate ventilation & lighting; designated areas used									+	Н						
Ť				- 1 N												
Pe,	son	in Charge /	Signature)	ter	HL	Ž	2/6				Date:	12/17/	2019			
	Person in Charge (Signature) Health Inspector (Signature) Date: 12/17/2019															
LOUIS LACHANCE Follow-up: Tes NO Date of Follow-up:																

State of Maine Health Inspection Report Page 2 of 4								
Establishment Name LULUS FOOD SERVICE			As Authorized b	Date 12/17/2019				
License Expiry Date/EST. ID# 2/4/2020 / 20613	Address 31 ALFRED PLOURDE PK	WY	City / State LEWISTON	/ ME	Zip Code 04240	Telephone 207-557-4022		
Temperature Observations								

Temperature Observations							
Location	Temperature	Notes					
Quat sanitizer	200 ppm	Sanitizer bucket					
Air temp	38*	Display cooler 2					
Ait temp	40*	True table top refrigerator					
Air temp	38*	Reach in cooler unit					
Water	116*	Hand wash					
Air temp	40*	Milk display cooler					
Air temp	40*	Display cooler 1					
Quat sanitizer	200 ppm	3 bay sink					
Cheese	ese 37* Single door cooler						
Pizza	138*	Hot holding					

Person in Charge (Signature)

Health Inspector (Signature) LOUIS LACHANCE



State of Maine Health Inspection Report Establishment Name LULUS FOOD SERVICE License Expiry Date/EST. ID# Address 31 ALFRED PLOURDE PKWY LEWISTON ME 04240 Page 3 of 4 Date 12/17/2019 Zip Code 04240

Observations and Corrective Actions

Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 and 8-406.11 of the Food Code

1: 2-102.12: N: No Certified Food Protection Manager.

INSPECTOR NOTES: No CFPM dedicated to kitchen operations. Obtain CFPM within 60 days of this report and supply proof to Louis Lachance.

21: 3-501.17.(D): C: Date marking system used at the Eating Establishment does not meet the criteria list in code.

INSPECTOR NOTES: **REPEAT** Many items do not provide produced date and discard date. Made date is day one, discard date is 6 days later.

35: 3-602.11.(A).(B): N: Packaged food not properly labeled.

INSPECTOR NOTES: Multiple prepackaged items do not identify food allergens. Research items and labeling to be in compliance.

54: 6-501.14.(A): N: Ventilation not clean.

INSPECTOR NOTES: Ceiling air return vents and light fixtures have an accumilation of dust. Clean more often and as necessary.

Person in Charge (Signature)

Health Inspector (Signature) LOUIS LACHANCE



Date: 12/17/2019

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State of Maine Health Inspection Report Page 4 of 4 12/17/2019 Date **Establishment Name LULUS FOOD SERVICE** License Expiry Date/EST. ID# **Address** Zip Code City / State 31 ALFRED PLOURDE PKWY 2/4/2020 /20613 LEWISTON ME 04240

Inspection Notes

**SHOW PROOF OF CFPM REQUIREMENT WITHIN 60 DAYS OF THIS REPORT. SUBMIT DOCUMENTS SUPPORTING 30 DAY REFRIGERATED SHELF LIFE OF MARKET FRESH GOODS.

Certified Food Protection Manager: None on site

Unless directed otherwise, all Eating Establishments are required to submit a copy of their Certified Food Protection Manager (CFPM) certificate. A CFPM must be hired at the time of a new eating establishment opening or within 60 days of when a CFPM leaves employment. For a list of CFPM courses and trainers go to

http://www.maine.gov/healthinspection/training.htm

Please provide a copy of this certification(s) to Carol Gott, Health Inspection Program, 286 Water St. 3rd Floor, Augusta, ME 04333, carol.gott@maine.gov or faxing to 207-287-3165.

Please include the name of your establishment and the establishment ID# with your certification(s).

Employee Health Policy:

The Health Inspection Program has implemented an educational public health initiative on Employee Health on March 1, 2017. The policy handouts will be provided to you by your inspector and reviewed during inspection for compliance. They are also available on the Program's website: http://www.maine.gov/healthinspection

2013 Maine Food Code Adoption:

The Maine Food Code was adopted in October of 2013. Please refer to our website for a copy,

http://www.maine.gov/healthinspection. Following are a few of the major changes: * No Bare Hand Contact with Ready-To-Eat Food. * Establishments must have clean-up procedures for employees to follow following vomiting and diarrheal events. * Date marking of Ready-to-eat potentially hazardous foods.

Violation Correction Timeframe:

Critical violations should be corrected on site, but in any event, within 10 days. The licensee must contact Louis Lachance when the critical violation has been addressed at 207-513-3125 extension 3224 or at llachance@lewistonmaine.gov. Non-critical violations must be corrected within 30 days. Failure to satisfactorily correct these violations before the follow-up inspection may result in enforcement proceedings by the Department to include fines and penalties. License renewals can be denied if violations are not corrected within the noted timeframes.

C= Critical violation and NC= Non-critical violation:

"Critical violation" means a provision of the Food Code that, if in non-compliance, is more likely than other violations to contribute to food contamination, illness or environmental health hazard.

Additional Inspection Fee:

License fees provide for two inspections per year. When additional inspections are required, the Department may charge an additional \$100 fee to cover the costs of each additional inspection or visit.

Document Retention/Posting:

Pursuant to the Maine Food Code, the establishment's current license must be displayed. In addition, a sign or placard must be posted in a conspicuous area notifying consumers that a copy of the most recent inspection report is available upon request. CFPM certificates must be posted in a conspicuous area and must be available to the Department upon request.

Person in Charge (Signature)

Kan Kahance

Health Inspector (Signature)
LOUIS LACHANCE

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Date: 12/17/2019

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